

NM-ADC Size-Up

Incident Name:		Date:	
Time of Arrival on Scene:			
1. Fire Name:			
2. IC:			
3. Legal: T	R	Sec	¼, ¼
Lat.		Long.	
Elevation:			
4. Directions to Fire:			
5. Size:			
6. Fuels Burning:			
Adjacent Fuels:			
7. Character of Fire:			
<input type="checkbox"/> Smoldering <input type="checkbox"/> Creeping <input type="checkbox"/> Running <input type="checkbox"/> Torching <input type="checkbox"/> Crowning <input type="checkbox"/> Spotting			
8. Flame Length:			
9. Position on slope:			
<input type="checkbox"/> Bottom 1/3 <input type="checkbox"/> Middle <input type="checkbox"/> Top 1/3			
10. Percent Slope:			
11. Aspect:			
12. Wind:			
13. Spread Potential:			
<input type="checkbox"/> None <input type="checkbox"/> Low 0-5 Ac. <input type="checkbox"/> Moderate 6-10 Ac. <input type="checkbox"/> High 10-50 Ac. <input type="checkbox"/> Very High 50+ Ac.			
14. Values at Risk:			
<input type="checkbox"/> Houses <input type="checkbox"/> Improvements <input type="checkbox"/> Cultural/Historical <input type="checkbox"/> Other:			
15. Hazards: <input type="checkbox"/> Snags <input type="checkbox"/> Powerline <input type="checkbox"/> Traffic			
<input type="checkbox"/> Urban Interface <input type="checkbox"/> Haz-Mat <input type="checkbox"/> Mine Shafts			
16. Cause:			
Unknown Cause – Order FINV!			
17. Additional Resources Needed:			
RH:		TEMP:	

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MED-EVAC Helicopter Transport

Native Air 1-888-539-2552

Basic information needed from personnel on scene before placing an order for the MED-EVAC helicopter :

- **Type of Injuries** _____
- **Number of patients** _____
- **Elevation of Landing Site** _____
- **Latitude and Longitude (Degrees Decimal Minutes)** _____
- **Temperature** _____
- **Wind Speed and Direction** _____
- **Weight of patient** _____
- **Is there a landing site? Brief description of size, hazards (tall trees, uneven ground, etc.)** _____
- **General Location** _____
- **Is Helitack qualified person available** _____
- **Frequency** _____

SPOT FORECAST REQUEST FORM

17. Project Name: _____
18. LAT: _____
19. LONG: _____
20. Elevation: _____ Top _____ Bottom
21. Aspect: _____
22. Fuel Type: _____
23. Sheltering : Full/Partial/Unsheltered
24. Place: _____
25. Elevation: _____
26. Time: _____
27. Winds: _____
28. Temp: _____
29. Wetbulb: _____
30. RH: _____
31. Dewpt: _____
32. Sky/Weather: _____

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